

979

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. 4368

BIRTH NO.

REGISTRAR'S NO. 126

1. PLACE OF DEATH A. COUNTY Yuma	2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Yuma		
	C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Yuma		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1070 3rd Ave		
3. NAME OF DECEASED A. (FIRST) VALENTINE B. (MIDDLE) AVILA C. (LAST) QUINTERO		4. SEX Male	5. COLOR OR RACE White
6. MARRIED - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH DAY YEAR May 11 1933	8. AGE YEARS MONTHS DAYS 16 2 20	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). School
9B. KIND OF BUSINESS OR INDUSTRY School	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no
13. SOCIAL SECURITY NO. None	14A. FATHER'S NAME V. C. Quintero	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Margaret Avila
15B. BIRTHPLACE (STATE OR COUNTRY) Colorado	16. INFORMANT'S SIGNATURE V.C. Quintero		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 1 1949
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION Med 1949		19B. MAJOR FINDINGS OF OPERATION Lymphosarcoma abdomen.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1 1947 TO Aug 1 1949. THAT I LAST SAW THE DECEASED ALIVE ON Aug 1 1949. AND THAT DEATH OCCURRED AT 12:00 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE [Signature]		23B. ADDRESS Yuma, Ariz	
23C. DATE SIGNED 8/2/49			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 8/3/49	
24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
25A. DATE REC'D BY LOCAL REG. 8-3-49.		25B. REGISTRAR'S SIGNATURE Mary A. Hufferman	
26. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27. EMBALMER'S SIGNATURE [Signature]	